

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>West Virginia</u> COUNTY <u>Preston</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>mt. Lake Park</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Aurora</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cuppitt-Eraus Nursing Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ROBERT E. LEE ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 28, 1865</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	9. AGE last birthday <u>85</u> yrs. If under 1 year: Months <u>2</u> Days <u>8</u> If under 24 hrs. Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Bradley Station, Tyler Co. W. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Osborne Allen</u>		14. MOTHER'S MAIDEN NAME <u>Jane Langefitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Miss Rosadonna Allen, Oakland, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause

Arteriosclerotic Cardiovascular Disease

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Senility

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

INJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1950, to 28 Jan, 1951, that I last saw the deceasedalive on 27 Jan, 1951, and that death occurred at 11:05 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thomas G. Lushy M.D. Oakland, Md.30 Jan 1951

23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

1/30/51

NAME OF CEMETERY OR CREMATORY

East Oak Grove Mausoleum

LOCATION (City, town, or county)

Morgantown, West Va.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

1/30/51Jules R. RowanJames Riger WilliamsShirwood, W. Va.

055879

Shirwood, W. Va.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Family history not complete.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

0536

Reg. Dist. No. 163

1. PLACE OF DEATH COUNTY <u>Garrett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington, Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Stephen</u> (First) <u>J.</u> (Middle) <u>Flynn</u> (Last)		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 6, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mine</u>	11. BIRTHPLACE (State or foreign country) <u>W. Va.</u>
13. FATHER'S NAME <u>Michael J. Flynn</u>		14. MOTHER'S MAIDEN NAME <u>Annie Carney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.</u>		17. INFORMANT <u>Frank Flynn</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.8 Immediate cause (a) Exposure to shock
 Antecedent cause(s) (b) Compound comminuted fractures both femora
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Fractures joints

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office, etc.) <u>121. Travis near Bloomington</u>	(CITY OR TOWN) <u>Bloomington</u>	(COUNTY) <u>Garrett</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Jan 14-1951 1:15 A.M.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Struck by train & rolled off bridge</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE E. J. Baumgartner MD (Degree or title) ADDRESS Darland MD DATE SIGNED Jan 15-1951

23. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	DATE THEREOF <u>1/16/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>	LOCATION (City, town or county) (State) <u>Westernport, Md.</u>
DATE REC'D BY LOCAL REG. <u>Jan 16 1951</u>		REGISTRAR'S SIGNATURE <u>Dorsey Talbotson</u>	24. FUNERAL DIRECTOR ADDRESS <u>Ellsworth S. Boal</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH- COUNTY <u>Garett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Jennings</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Jennings</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>John</u> (Middle) <u>William</u> (Last) <u>Hare</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>20</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, <u>MARRIED</u> (Specify)	8. DATE OF BIRTH <u>11-23-1873</u>
9. AGE last birthday <u>77</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> If under 24 hrs. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black Smithing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacking Smith</u>	
11. BIRTHPLACE (State or foreign country) <u>Rural Jennings Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>John William Hare Sr</u>		14. MOTHER'S MAIDEN NAME <u>Mary Durst</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mrs Mary Martha Hare</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
592x Immediate cause (a) <u>Chronic Myocarditis</u>			<u>2 yrs</u>
131a Antecedent cause(s) (b) <u>Chronic Interstitial Nephritis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>51</u> , to <u>Jan 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>51</u> , and that death occurred at <u>3:00 PM</u> m., from the causes and on the date stated above.			
SIGNATURE <u>M. R. Davis M.D.</u>		ADDRESS <u>Grantsville Md</u> DATE SIGNED <u>Jan 20 1951</u>	
23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>1-23-51</u>	<u>Fair View</u>	<u>Garett County Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Jan 22</u>	<u>Ethel Broadwater</u>	<u>Wm Winterberg</u>	<u>Grantsville Md</u>

501817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 23 1951
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0538/66

1. PLACE OF DEATH- COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) 10 yrs.		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Hattie Belle (Murphy) Howell		4. DATE OF DEATH January 31, 1951		5. SEX Female	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9/26/1879	
9. AGE last birthday 71 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Murphy		14. MOTHER'S MAIDEN NAME Ellen Enlow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT AND ADDRESS Bernadine Warnick Oakland, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause Decompensated Heart Disease		3 month
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 31, 1951**, to **Jan 31, 1951**, that I last saw the deceased alive on **Jan 31, 1951**, and that death occurred at **8:40 A.M.** from the causes and on the date stated above.

SIGNATURE **Thomas D. Lushy M.D.** ADDRESS **Oakland, Md.** DATE SIGNED **2 Feb 51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/3/51	NAME OF CEMETERY OR CREMATORY Oakland Cemetery	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 2/3/51	REGISTRAR'S SIGNATURE Julia Kover	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 20 1981
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. **166**

1. PLACE OF DEATH- COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Hospital		STREET ADDRESS (If rural, give location) Oak St Oakland	
3. NAME OF DECEASED (Type or Print) Karl M Lehman		4. DATE OF DEATH (Month) 1/10/51 (Day) 19 (Year)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 4/3/1898
9. AGE last birthday 52 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Virety store	
11. BIRTHPLACE (State or foreign country) Elmira Hight N.Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Oscar H Lehman		14. MOTHER'S MAIDEN NAME Mary E. Calvert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of service) Yes		16. SOCIAL SECURITY NO. 1-1-1-1-1-1-1-1-1-1	
17. INFORMANT James L. Lehman			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Ruptured Posterior Myocardial Infarct		
(b) Hypertension		
(c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION

RITUAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan. 11, 1951**John A. Moore****James F. Scarpelli****Cumberland, Md**

051 859

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Oakland</u> TOWN <u>near Oakland</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>enroute to Hospital at Oakland</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Gorman</u> TOWN <u>Rural Gorman</u> STREET ADDRESS (If rural, give location) <u>3 Mi. West Gorman, Md.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>David</u>	(Middle) <u>Reed</u>	(Last) <u>Moreland</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7/25/1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	9. AGE last birthday <u>5</u> yrs. If under 1 year Months <u>6</u> Days <u>4</u> If under 24 hrs. Hours <u>19</u> Min. <u>51</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Roy G. Moreland</u>		14. MOTHER'S MAIDEN NAME <u>Selma Jordan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT <u>Roy G. Moreland</u>		<u>Gorman, W. Va.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Fulminating meningococemia

INTERVAL BETWEEN ONSET AND DEATH

12 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

Terminal Intestinal Obstruction

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. J. Baumgartner M.D.

Oakland Md

1/30/51

23. BURIAL, CREMATION (Specify)

DATE THEREOF 1/31/1951

NAME OF CEMETERY OR CREMATORY Moreland Cemetery

LOCATION (City, town, or county) near Gorman, Md.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan. 31 1951 Julia C. Moran Herbert C. Reighton Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

0541

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland		LENGTH OF STAY 3 in hrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Gorman,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hosp.				STREET ADDRESS (If rural, give location) 2 Mi. North Gorman, Md.	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pearl		Rush		Moreland	January 10, 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/26/1915	9. AGE last birthday 35 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Judson Rush		14. MOTHER'S MAIDEN NAME Laura Nedrow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----		17. INFORMANT Charles E. Moreland Gorman, W. Va.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause 193x Glioma left frontal lobe, brain				546	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
SIGNATURE E. J. Sammaritano M.D.				ADDRESS Oakland Md	
DATE SIGNED 1/11/51					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
Burial		1/13/1951		Oak Grove Cemetery	
LOCATION (City, town, or county)		(State)			
near Gorman, Md.					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
Jan 13/51		Julia K. Brown		Herbert C. Leighton	
				ADDRESS Oakland, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH. COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Kitzmiller		LENGTH OF STAY (If City place) 40 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Kitzmiller	
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Main St.				STREET ADDRESS E. Main St. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) George (First)		Janney (Middle)		Pool (Last)	
4. DATE OF DEATH Jan. 6, 1951		5. DATE OF BIRTH Sept. 21, 1870		6. AGE last birthday 80 yrs. 9 Months 13 Days 15 Min.	
7. SEX Male		8. COLOR OR RACE white		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of life, if retired) miner (retired)		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines		11. BIRTHPLACE (State or foreign country) Medley, W.Va.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William Henry Pool		14. MOTHER'S MAIDEN NAME Elizabeth Janney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 212-12-8066		17. INFORMANT AND ADDRESS C.H. Pool, Moorefield, W.Va.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary ThrombosisINTERVAL BETWEEN ONSET AND DEATH
Dead on arrival

Antecedent cause(s)

(b)

Coronary Heart Disease**1 yr**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Hypertension**1 yr**II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					

22. I hereby certify that I attended the deceased from **Jan 49**, 19**49**, to **Jan 5**, 19**51**, that I last saw the deceased alive on **Jan 5**, 19**51**, and that death occurred at **3:00 P.M.** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION (Specify) BURIAL		DATE THEREOF Jan. 8, 1951		NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		LOCATION (City, town, or county) Elk Garden, W.Va.		(State)	
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DATE REC'D BY LOCAL REG. Jan 8/51		REGISTRAR'S SIGNATURE W. B. Baruch		24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va.		ADDRESS	
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970246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1951
A-240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY Garrett CITY (If outside corporate limits, write RURAL and OR TOWN Rural Deer Park) HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) 80 yrs.		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park STREET ADDRESS (If rural, give location) 3 Mi. East Deer Park, Md.	
3. NAME OF DECEASED (First) Sarah (Middle) Elizabeth (Last) Schmidt		4. DATE OF DEATH (Month) January (Day) 8 (Year) 1951			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/16/1870	9. AGE last birthday 80 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Upole		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. -----		17. INFORMANT AND ADDRESS Henry A. Schmidt Swanton, Md.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Acute Myocarditis			3 days
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease			1 yr
(c) Hypertension			5 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 4**, 19**45**, to **Jan. 8**, 19**51**, that I last saw the deceased alive on **Jan. 4**, 19**51**, and that death occurred at **3:27 A. m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) **Burial**DATE THEREOF **1/10/51**NAME OF CEMETERY OR CREMATORY **Deer Park Cemetery**LOCATION (City, town, or county) **Deer Park, Md.**

(State)

DATE REC'D BY LOCAL REG. **Jan - 10/51**REGISTRAR'S SIGNATURE **Julius C. Rouan**24. FUNERAL DIRECTOR **Herbert C. Leighton**ADDRESS **Oakland, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Crellin</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crellin, Md Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Jimmy</u> (Middle) <u>Lee</u> (Last) <u>Sliger.</u>	4. DATE OF DEATH	(Month) <u>1</u> (Day) <u>8</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10/28/1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>20</u> yrs. If under 1 year Months <u>11</u> Days <u>17</u> Hours <u>19</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Crellin Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wilber Sliger.</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Paugh.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Wilber Sliger, Crellin Md. Rural</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Malnutrition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hydrocephalus

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

10 days

1 month

2 20 days.

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1950, to 12-25, 1951, that I last saw the deceased

alive on 12-25, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL, (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 10-51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

4-1-0-28-034 9-38-2

Julia C. Rowan Enroy D. Bolden, Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1545 / 66

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Oakland</u> <u>MARYLAND</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN</u> <u>Oakland, Md.</u> <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>John</u> (Middle) <u>H.</u> (Last) <u>Spiker</u>	4. DATE OF DEATH	(Month) <u>1/30/1951</u> (Day) <u>19</u> (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7/5/1875</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor work by the Day</u>	
11. BIRTHPLACE (State or foreign country) <u>Garrett County, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Spiker</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Clinton R. Bowman, Oakland, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Immediate cause</u>		<u>3 Days</u>
(b) <u>Antecedent cause(s)</u>		<u>Yrs.</u>
(c) <u>Senility</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN)	(COUNTY)
(STATE)	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED
OF INJURY	While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/> At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-18, 1950, to 12-6, 1950, that I last saw the deceased alive on 10-18, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE James W. Denton, Jr. M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 1-31-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Buried</u>	<u>2/1/1951</u>	<u>Bray Cemetery</u>	<u>Near Oakland, Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>2-1-51</u>	<u>Julius Bowman</u>	<u>Emory D. Bolden</u>	<u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 20 1981
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